MENTAL HEALTH SERVICES ACT
OVERSIGHT AND ACCOUNTATIBLITY COMMISSION
COMMUNITY SERVICES AND SUPPORTS COMMITTEE

Final Comments on CSS Committee review of the County Plan: AMADOR COUNTY

Date: August 30, 2006

Committee members: Peggy Collins, Rose King, Sue Mayer

Initial Allocation: $1,620,685

Overarching Notes on County Plan:

Positives:

- Amador County's commitment to transformation is evident is its utilization of the planning process to develop a long-term countywide plan for mental health services, beyond the planning required by the MHSA. This is further evidenced by efforts to prepare consumers and families for ongoing involvement in policy and planning efforts.

- Amador County MHSA Plan is notable for its success in recruiting participation in a region where 59% of the population lives in unincorporated areas. Amador produced better participation rates than other, more urban, counties because they took specific steps to overcome obstacles to participation, including specific outreach to special populations and likely community partners. Additionally, the County used a rich array of participation models that better educated their understanding of unmet needs and community priorities.

- Amador County should be commended for its frank discussion of the shortcomings of its existing mental health system. Doing so provides an important context in which to view their CSS proposed plan and lays important groundwork in measuring the potential success for transforming the system.

Consumer and Family Involvement:

During the planning process, approximately 622 individuals participated in focus groups, individual interviews and surveys. In addition, "community education presentations" were made with community groups and organizations, including NAMI. It is of concern that no consumer-based organization was listed.

It would have been helpful to see some demographic information about participants. It is difficult to assess success of planning process without this.

The establishment of a Consumer Outreach/Planning Committee, as well as "pre-meeting" events for clients ensured ongoing and meaningful inclusion of clients in the planning process. Amador County showed creativity in the use of vouchers to address barriers to participation by consumers and family members.

It is unclear why law enforcement and judiciary focus groups were listed under "Targeted Outreach to Consumers and Families" as part of the planning process.

Specific outreach during the planning process to address mental health needs of persons with other disabilities is very much appreciated but it appears most of this was directed to substitute spokespersons rather than individuals with disabilities themselves.

Fully Served, Underserved/Inappropriately Served, Un-served: Amador County reports that no consumers are fully served in their current system. None of their clients are served by the limited number of local mental health professionals, and the County Health and Human Services departments are the only source of public or free mental health services. Further, they report there are no providers dedicated to serving the Hispanic community. According the Plan, the largest disparities exist for children 5 and under, adults over 65, and Hispanics.

The plan discusses difficulties in determining the unmet serve needs of Native Americans. It would be helpful to more clearly understand how they intend to address this.

Data related to the African-American community is ambiguous and potentially disturbing, particularly the thesis that a significant number of TAY population is institutionalized. It is unclear what efforts will be made to further understand the serve needs of this population?

Outside broad discussion of barriers, there was little discussion of what specific barriers face these underserved groups.

Cultural Competency: Plan lacks specific strategies to address ethnic disparities. While the plan has general discussion of desire to become more culturally competent, it is not clear that the County understands what is necessary to achieve cultural competence. Specific strategies for improved competence in providing services to the Hispanic population are primarily strategies for assessing need, not improving access, and primarily involve engaging secondary spokespeople, such as ESL providers and vineyard owners. There is no discussion of barriers or bridges to services for other cultural groups. The only specific strategy discussed is increased utilization of bilingual/bicultural staff capacity although no specificity on how this would occur, and to what end, is provided.

Wellness/Recovery/Resilience: Discussion is limited, leading us to question the degree to which the county fully understands these concepts. While the Plan commits to embody these philosophies into all MHSA funded programs, there is little discussion of what specific activities or service design features will achieve this. Reference to drug and alcohol programs indicates some knowledge that other service systems may have more experience with the recovery model but caution the County to not oversimplify how these tenets work within in the mental health system. Further, to the extent the County partners with CBOs, it is imperative that the tenets of wellness/recovery/resilience is evidenced in those programs, as well.

Education and Training and Workforce Development: During the planning process, Amador County provided ongoing training on a wide variety of subjects and to a wide variety of target groups. However, the discussing of training activities relative to plan development is broadly written and does not provide a rich understanding of how training was tailored to meet the needs of participants or how training impacted outcomes.

Need for training and support for care providers was discussed but strategies were not denoted.

The Plan does a good job of identify barriers to achieving education and training and workforce development but provides no strategies for addressing these. As education, training and workforce development are essential activities, it is imperative that the plan more thoroughly discusses how this will be achieved.

Collaboration: During the planning process, "community education presentations" were made with community groups and organizations and these organizations were invited to host a focus group. It is of concern that no consumer-based organization was listed.

Schools/educators are not represented in the planning stage (they later reference inclusion of education resources as a partner in implementation.) The county will need to continue to work on developing the expertise to provide appropriate services and/or identify needs of the Native American residents and Hispanic populations, and they state that they are doing this.

The overall success in engaging the community during the planning process is not well reflected in the Plan review process. The small number of attendees at the public hearing on the draft plan was disappointing and it is further troubling that the description of revision recommendations primarily come from professionals, including State mental health representatives.

Amador County views 'community collaboration" as an essential element in building the capacity they will need to implement the other elements of their Plan and frankly discuss the current failure to collaborate in the existing system. According to their Plan, Amador County is the primary service provider, with only a handful of non-county resources available; few services are available outside of the traditional clinical model; and little infrastructure has been developed. Thus infrastructure development is the core

component of this initial plan and is proposed to be achieved through collaborative efforts between both public and private entities.

Collaboration was a consistent theme in the focus groups and community contacts and in the committees organized to develop and assess the plan. An Executive Steering Committee that included one consumer and one family member reviewed the final recommendations of the Mental Health Board, and forwarded plan to Supervisors. They state that systems integration is the basic concept for all essential components of the plan and plan to bring appropriate agencies, departments, and public into the process.

The plan notes that current mental health services are not effectively coordinated with other resources; departments and the few community organizations operate in independent silos, communication, referrals, and awareness of mental health needs are not efficiently managed. While the collaboration plan is not spelled out, the county narratives indicate an acute awareness of the system failures because of lack of coordination, and the prospective benefits of success in transforming the system.

Programs: Amador County's lack of existing infrastructure for mental health services and supports, along with the limited funding available to them through the MHSA, define how much they can reasonable achieve it this early phase of implementation. They have made a prudent decision to focus limited resources in ensuring maximum effectiveness and coordination within their existing structure, as well as targeting new services and supports to their most underserved populations. However, this plan could be enriched with a better discussion of specific strategies and more clarity about who will be served by each plan component. Given that Amador County is effectively building a system from the ground up, with little experience in these new models, we would encourage the State Department to monitor their progress and, with CMHDA, offer technical assistance, as necessary.

Integrated Systems Development is a core component of the Amador County plan and it is a good choice for use of limited funds. However, the county should provide more specifics on collaboration strategies and assumptions. For example, what evidence supports their assumption that alcohol and drug counselors/substance abuse rehab programs already being familiar and trained in wellness, recovery, and resiliency?

We would have like to see more evidence of how improved collaboration could occur elsewhere with county programs to improve access to services. The Plan discusses the barriers related to a "community-wide lack of capacity to provide mental health services and supports to meet full service and wellness objectives". Specifically, the Plan identifies numerous infrastructure gaps that substantially impact access to mental health services. These include transportation, childcare, and housing. The plan fails to adequately discuss how they intend to address these gaps, including how they might influence overall country transportation, housing and childcare plan development.

Full-Service Partnerships: While the Plan proposes a FSP for children, because of the lack of infrastructure and personnel, the county intends to initially contract with an out-of-county provider who will meet requirements of SB 163 Wraparound services. It is unclear how this can be achieved for children placed out of home, let alone out of county. The county intends to bring FSP services into the county within three to five years, although it is not fully clear how this will be achieved. Certainly, the discussion does not adequately reflect a good understanding of SB 163 services and the goal of ensuring children stay in their own home. Collaboration strategies with other stakeholders for the children's FSP does not include reference to schools or pre-school settings, except with regard to reaching ethnic minorities.

By the end of the third year, they intend to begin serving TAY in Full Service Partnerships and they intend to serve older adults over the upcoming three to five years. There is little discussion of how this will be achieved, and how FSP components might differ for these populations.

Peer Support programs will serve adults and TAY—a high priority with their community participants—with the objective of providing the resources to integrate individuals with mental health needs into the broader community. They seem to have good plans about partnering with community groups, although it is not a rich discussion and lacks detail. Again, it is not clear how these efforts will connect to the base system of services or be used to build a foundation for a FSP in the future.

It appears that peer counselors will be paid a stipend and expenses only. Although we understand that funding is limited, and the county identifies barriers within the bureaucratic structure, it would be helpful to know how the County will address these in order to move consumers and family members toward professional level positions.

System Development: The Amador County Plan primary focus is to achieve the type of system development that will eventually support the models of service that the MHSA envisions.

Amador County lacks sufficient services and supports to establish a "system-of-care" and existing services lack the coordination necessary for referral and blending of resources. Programs exist in isolation from one another, which is most significantly impacting consumers with co-occurring disorders, language barriers or lack transportation or other support services necessary to accessing mental health services. The dearth of existing infrastructure and magnitude of existing barriers, have rightly lead the County to limit their goals in the initial phases with the intent of building a foundation that can support a richer, more responsive system in subsequent phases.

Outreach and Engagement programs: The plan identifies stigma and discrimination as the most difficult challenge and barrier to success. Planning participants and the plan narrative emphasize the role of stigma as a particular barrier to serving cultural minorities. Further, stigma is a general barrier to integrating mental health services in a manner that prompts referrals from other service providers, such as primary care

physicians, educators, juvenile law enforcement or probation officers, and that fosters recognition of mental health needs. Likewise, few community organizations, such as a senior center, look to mental health resources for assistance.

There is conflicting information about community-based organizational resources. For example, sometimes it is stated that there are few such resources; yet the plan list numerous organizations at other points. Resources, such as service organizations, are not discussed.

Outreach and Engagement plans and targets for education efforts aimed to engage individuals who are reluctant to seek services in traditional mental health settings. However, the coordinator of this program will be responsible for conducting the research to determine more about who is underserved and unserved. It would be helpful for more discussion on the nature of such research and how it will be used to support program design and implementation. Since key questions about how outreach and engagement will be designed and implemented will not be answered until the additional research is completed, it would be helpful to have subsequent updates from Amador County about this component, including outcomes.

CONCLUSION

Question: The overarching question for the Oversight and Accountability Commission is: "How will the three-year CSS plan move your county system forward to meet the standard of comprehensive, timely, appropriate services in the Mental Health Services Act**?"** **The Commission asks that the county prepare to answer this question as the first year of CSS plans are implemented.**

The Commission recognizes the need to build a more reliable baseline of information available to everyone, so that answers can be understood within a context. To do so, the Commission is seeking to develop a description of the mental health system in your county, and in all counties, including an explanation of the structure of the service delivery system, access policies for all children and adults, and range of services received by those not in a categorical funded program.

The Commission is working to develop a baseline to assess the gaps between existing standards of care in mental health and the comprehensive, integrated services envisioned by the Mental Health Services Act. Statewide and national reports tell us that services have been limited and effectively rationed because funding is not tied to caseloads. The Commission believes it will be advantageous to all of the individuals and the private and public organizations involved in change, and beneficial to the public, to have a realistic understanding of the challenges to transforming the mental health system.

In the coming year, the Commission will seek information such as the average caseloads for personal service coordinators and/or case managers and for psychiatrists for the largest percentage of people served. We would like to know what percentage of all mental health consumers are receiving or have access to comprehensive, appropriate, and integrated services, such as individual or group therapy, family counseling, routine

medical and dental care, educational or vocational training, substance abuse treatment, supportive housing, and other recovery-oriented services.

To begin with, the Commission will compile available data from traditional sources, and utilize the information you have provided in the CSS plan. In this first year of implementation, we will be enlisting your assistance in measuring the magnitude of changes taking place now and the prospective changes for many years to come. The Commission also will be asking you to determine and report on what resources are lacking in your county. The CSS Committee recognizes the tremendous effort involved in the planning process and commends the county on its many successes.